

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <u>Paula Pavelcsyk</u>	COURT CASE NUMBER <u>03-30312</u>
DEFENDANT <u>Williamsburg Board of Health</u>	TYPE OF PROCESS
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Williamsburg Board of Health (Town Office)</u>
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Main St. - Haydenville, Ma. 01039</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	<u>03-30312</u>
<u>Paula Pavelcsyk</u> <u>P.O. Box 435</u> <u>Haydenville, Ma. 01039</u>	Number of parties to be served in this case	<u>3</u>
	Check for service on U.S.A.	<u>W/</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Donna Gibson  
Nash Hill Rd.  
Williamsburg, Ma. 01096  
413-268-7421

(Also 413665805) alternate address:  
Maxine Schmidt  
Town Office - Main St.  
Haydenville, Ma.  
4132688404  
P.O. Box 196  
Whately, Ma. 01093  
Tues, Wed 10am-3pm  
Thurs 10am-3pm

Ira Gabriels  
85 Old Goshen  
Williamsburg  
01096  
413-268-9432

Signature of Attorney or other Originator requesting service on behalf of:

Paula Pavelcsyk
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

413 585-8269

DATE

1/28/04**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>3P</u>	District to Serve No. <u>3P</u>	Signature of Authorized USMS Deputy or Clerk <u>David A. Kelly</u>	Date <u>2/4/04</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

IRA GABRIELSON - MEMBER BOARD OF HEALTH

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.
Date of Service  
6/16/04Time  
2:45 a.m.

Signature of U.S. Marshal or Deputy

Amie C. ...

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: LEFT at TOWN HALL Mail Box FOR WILLIAMSBURG BOARD OF HEALTH.  
CONFIRMED by telephone w/ MR GABRIELSON. MCN #5379